Volume: Vendor Management Citation: 246.12 (h) (3) (xvii) Approval Date: October 1, 2004 Nebraska Health & Human Services NEBRASKA WIC PROGRAM **Procedure Title: Closing of a WIC**

Store

Purpose

Identify the steps to follow if a WIC store closes

Outline of Process

Notify the State Agency of any closing of a store. The current agreement ends upon a store closing.

- 1. Confirm the closing with the retailer with a phone call and the effective date of the closing.
- 2. Follow-up with a letter, example page 3b, and a form, example page 3c, to the vendor documenting the closing of the store. The vendor will complete the form and return it to the local agency vendor manager.
- 3. Retain a copy of the letter and completed form in the vendor's file.
- 4.Terminate the vendor in the WIC computer system. Please refer to Vendor Processing User's Guide, pages 2-16 through 2-18, for additional guidance.
- 5. The vendor number assigned to that vendor cannot be used again for any other vendor and will also be terminated.
- 6. Request the return of the WIC vendor stamp immediately upon the store closing.
- 7. During clinic, inform each participant affected by the store closing of the other stores at which they may shop.

(Date)
(Name and Address of Retailer)
Dear (Name of Retailer):
I am writing to you regarding the Nebraska WIC Program. As discussed in our conversation on (date), (store's name and address) will close on (date). The Nebraska WIC Program Retail Vendor Agreement terminates immediately upon a store closing. Therefore your contract with the Nebraska WIC Program expires (date of store closing).
Please complete the enclosed form and return it to our office by (date). This will provide written confirmation of the termination of the agreement and documentation necessary for our files.
Please return the WIC vendor stamp to our office upon your store closing.
We appreciate your cooperation as a WIC vendor. If you wish to be considered again as a WIC retailer, please contact our local WIC agency at (phone number) or our State WIC office at (402) 471-2781.
Sincerely,
(Name) (Title)
Enclosure
xc: State WIC Vendor Management Coordinator

"WIC is an equal opportunity provider".

I, of (store name and address) understand the Nebraska WIC Program
Retail Vendor Agreement expires with the closing of a store.
(Store name and address) will close on (date). Therefore the agreement with the Nebraska WIC
Program will terminate on (date of closing).
Signature
Date
xc: State WIC Vendor Management Coordinator
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"WIC is an equal opportunity provider".

Section H: Changes in Vendor Status

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